Celebrating the Baby
Baby, Family and Culture

11th World Congress
World Association for Infant Mental Health

August 1-5, 2008 • Yokohama, Japan
World Association for Infant Mental Health (WAIMH) 11th World Congress
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Reflections

• Epenesa Olo-Whaanga (Kari Centre, Auckland District Health Board)
• Tania Wilson (The Werry Centre)
• Colin Hamlin (Ministry of Health)
Report from the World Association for Infant Mental Health: Congress 2008

Yokohama, Japan
Epenesa Olo-Whaanga
Kari Centre, Auckland DHB
My Impressions/Reflections

• Caveat -new to IMH field sent by Kari Centre-
  my expectations of what I would find

• Research

• “new” talk about triadic or systems work

• Collaborations
An overview of Japanese culture and families and their infants

- Birthrate not replacing the population
- Second highest rate of suicide in OECD (2004 figure)
- High population density of 339 people per km2
- Lengthy commute for workers into the city as they moved into “suburbs” due to high land prices in the city
- Highest life expectancy in the world
- Most urbanised from 1960’s
- Family planning encouraged and birth control methods are mainly condom use and abortion
- Linguistically- mostly homogenous
The Concept of AMAE

• Coined by Japanese psychiatrist, Doi, to describe the relationship of mother and infant as one of “indulgence dependence” and this continues to underpin all relationships in Japanese society eg. One may make an “inappropriate” request of someone close in relationship who will meet the request because of the relationship.

• It is one where interdependence is highly valued over the more popular western notion of independence.

• AMAE has been used in therapeutic approaches with young children who have been maltreated, anorexia and includes holding, touching, feeding, co-bathing, co-sleeping, playing.

• AMAE nursing, AMAE therapy
Research- babies are more sophisticated than previously thought

• Baby’s hand movements- not random but a sophisticated communication gesture

• Musicality- the patterns of parent-infant communication where spectograph details shows the reciprocal interaction pattern that are at times led by the infant or the parent but where they are mutually engaged
The human newborn is able and motivated to:

- detect responses which are contingently related to their own behaviour
- Exactly imitate parent’s facial expression
- Biologically based reciprocal reward system (Emde)

So the newborn is active in regulating intuitive the parent
Parenting/sensitive caregiving and babies

- Babies emerging self-regulatory capacity (Papousek)
- Babies behaviors' are contingent on the “other’s” response
- The premise that parents’ intuitive competence and the infant’s regulatory capacities exist
- Template for parenting has a biological basis- parents don’t start from scratch
- Parental reflective functioning makes it possible for a parent to open their mind to understand and infant’s intentions and feelings, and to respond sensitively.
Resilient children

- Highly adaptable
- Lots of smiles/laughs
- Activity/engagement
- Positive emotionality

This elicits warm parenting which is likely to provide acceptance, warmth, respect hence promotes independence and autonomy

- Biological preparedness of parent and infant complements each other in unique ways
• Mirroring of positive affect co-regulation of visual contact during face to face interaction eg parent smiles at infant, infant smiles back- mirror neurons

• Intersubjective regulation of negative affect where the parent does not mirror negative affect but accepts the negative affect and offers undulating regulation

• Parents and infants have to co-regulate and develop from co-regulation to self-regulation

• Requires the attending to baby here and now with undivided attention and emotional availability
What inhibits intuitive parenting?

- Stress, excessive demands
- Intense emotional conflict
- Depression
- Anxiety related to infant survival
- Unresolved grief/trauma
Create space for babies and their caregivers
How are Father’s important?
Variable findings in how father’s moderate the impact of mother’s depression on system eg.

- Father’s mediate the impact of maternal depression when they are sensitive to their baby’s cues but not if they are also depressed
- Father’s can have impact on reducing externalising behaviour but not internalising; don’t buffer externalising only internalising; fathers who are not depressed more interactive with their children when mother was depressed than father’s where mother not depressed
Assessment/intervention implications

• Transference/Countertransference—What we look at and see is coloured by our information, reactions. Feelings that are provoked can depend on our identification with one of the partners.
• It takes time to assess the different relationships, across multiple contexts and implement sensitive interventions.
• All interventions have to use the relationship as the basis of the work. Assess the infants’ relationships—dyads, triads and systems across multiple contexts—It allows the clinician to target the most appropriate level for intervention.
• Help parents to cope in the early stages of parenting—wait lists!!!
Assessment and Intervention Implications

• Enhance family resilience - Enhance parent’s reflective functioning which makes it possible for a parent to open their mind to understanding a child's intentions and feelings, and to respond sensitively

• Use video-feedback in assessment and therapy for strengthening the parents’ trust in and positive representations of their child and self-confidence in their intuitive competence

• Attend to the couple relationship

• Support the family - collaborate with other services to provide this and to make it easier for families to access
Clinicians also require time, space and resources to help. We need collaborations with other services, resources and support to do our work eg video equipment, time to evaluate, research, collaborate with similar services, share knowledge, train in evidence-based therapies, engage in reflective supervision.
An example of service delivery: MAP method of working with infants and their families (Toronto; Bohr et al)

- Premise of the project- ruptures happen in the parent-infant relationship when parents feels disempowered
- Identified target group: Transient mothers, hx of DV, shelters, single mums, immigrants
- The needs of clinicians and researchers for brief intervention given this population
- 4 session therapeutic assessment using video feedback-manualised protocol
- Refer on following course of assessment if attended all sessions and can continue
• Most mothers had hx of abuse and sub-optimal knowledge of child development
• Cognitive schemas that Mum has can be activated by child’s behaviour
• Highlight strengths
• Parent-child relationship based on a parent’s distorted sense of power balance can be destructive and increase risk of maltreatment cf. video of boy hitting mother
• Focus on mum’s attributions with sensitivity to attachment behaviours
• Negative attributions are explored and Mum’s were encouraged to generate alternative, more benign and nurturing explanations eg. My baby always cries when I’m relaxing and knows how to get me going in that way
• “This work would never be done without video feedback”
Culture and Research

• Most of the research is done by Westerners in the Western world and most of the world’s children live in third world countries

• Although RCT’s are the “gold standard”, what we learn through single case studies yields important details that can be lost in the bigger study- hence need both (Stern)
Building Capacity in the Infant & Family Field

Developing the Workforce

Tania Wilson, Senior Advisor
Werry Centre
t.wilson@auckland.ac.nz
National Network for the Study of Infant Mental Health - Norway

• To provide practitioners with training and new, updated knowledge in the Infant Mental Health field.

• Interdisciplinary - wide variation in the professional background health nurses and social workers, clinical psychologists and physicians/psychiatrists

• Experience in infant mental health field and that they have completed at least two years of clinical experience, as &/or academic education that is equivalent to at least a bachelors degree experience

• Need for a multidisciplinary or interdisciplinary course in infant mental health
University Clinic in Copenhagen - Denmark

- Importance of integrating research, clinical intervention and graduate and postgraduate education.

- Observation training

  *Training promoting:*

  - therapeutic alliance with new parents.
  - open minded and listening and seeing without fixed preconceived treatment models
  - flexible and ready to shift focus and attention
  - attention on resources in the individuals as well as in their relations and focus on the present moment.
The NBAS as a Training Aid

Neonatal Behavioural Assessment Scale

*(Berry Brazelton)*

Beulah Warren (Australia)

- Informative of the baby’s unique characteristics & capabilities
- *Facilitate understanding* of the specific attributes of infants

Joanna Hawthorne (Great Britain)

- Excellent tool to *aid practitioners' understanding newborn behaviour*
The NBAS as a Training Aid

Joao Gomes-Pedro (Portugal)
• Sensitizing and training the future doctors for a more humanized medical practice

Carme Costas-Moragas (Spain)
• Aids research and teaching

Hanne Munck (Denmark)
• A tool for research, training & therapeutic work
• Enabled awareness of capacities, competence & individuality in the newborn
The North Cork Psychology Infant Mental Health (IMH) - Ireland

- **Competency based interdisciplinary framework** for IMH training for professionals working within early childhood services based on the MI-AIMH Endorsement.

*Need to consider:*

- the role of the care-giving environment
- clinical application of the Working Model of the Child Interview (*Zeanah, Benoit & Barton, 1994*) to inform formulation and intervention planning.
Training in Infant Mental Health

*an example*

A Systematic Approach through Endorsement

Michigan – Infant Mental Health
Within the Infant & Family field

- What must we do?
- What skills?
- How do we build capacity?
- What do we want to achieve in practice?

Deborah Weatherston

Optimal social, cognitive & emotional development.
A Systematic Approach to Training

• Provides a level of assurance to families, organisations & the public at large that the person delivering services meets professional standards

• Provides a pathway for development in the infant and family field for the span of one’s career

• Provides a set of competencies.
The History

- 1970’s Selma Fraiberg
- 1983 Michigan MH began looking at the training and supervision issues
- 1986 developing training guidelines re: the 0-3 age
- 1996 Michigan Mental Health partnered with Michigan Department of Education & identified five areas of competence *Theoretical Foundation*, *Legal/ethical foundations*, *Interpersonal/ team skills (including relational)*, *Direct service skills*, *Advocacy skills*
- 1997 establishment of MI-AIMH & additional competencies - *Systems expertise, Thinking, Reflection*
MI-AIMH Endorsement Certificate

Four level framework of interdisciplinary profession development system to recognise competency

- **Level I**  Infant & Family Associate
- **Level II**  Infant & Family Specialist
- **Level III**  Infant Mental Health Specialist
- **Level IV**  Infant Mental Health Mentor (specific to clinical, policy or faculty/research)

*The endorsement design is inclusive and encourages participation and professional development at multiple levels*
Competency Dimensions

1. Theoretical foundations
   (e.g. pregnancy, infant and toddler development, attachment theory, relationship development, cultural sensitivity, families, psychotherapeutic & behavioural theories of change, disorders, and adult mental health)

2. Policy
   (e.g. ethical practices, legislation/govt regulation, agency policy including abuse/trauma)
Competency Dimensions

3. Systems skills

(e.g. service delivery systems, community resources)

4. Direct service skills

(observation & listening, screening/assessment, responding with empathy, treatment planning, developmental guidance, supportive counselling, parent/infant or toddler psychotherapy, advocacy, life-skills, safety)
Competency Dimensions

5. Collaborative relationships

(e.g. building/maintaining relationships, supporting others, collaboration, resolving conflict, empathy & compassion)

6. Communication skills

(e.g. listening, speaking & writing)
Competency Dimension

7. Ability to think

(e.g analysing information, problem solving, sound judgement, maintaining perspective, planning & organisation)

8. Reflective practice

(contemplation, self awareness, curiosity, professional development, emotional response)
Practice Areas

Practice capacities:
- Clinical
- Teaching/research
- Policy

Michigan Association for Infant Mental Health
Learning and growing together.

Werry Centre
Workforce Development
Further Developments

• Competencies
• Culturally-relationship focussed practice promoting Infant Mental Health
• Best practice assurance
• Specific educational experiences
• Work experiences with infants, toddlers, young children & families
• Competency based in-service training experiences
• Reflective supervision/consultation experiences
Impact - Endorsement Training Programme in IMH

- Jobs in the field advertised -> preference for endorsement
- Judges require endorsed professionals to help in assessment of infants & toddlers
- Endorsement competencies have effected system changes at state & local levels
- Endorsement competencies have shaped revision of courses for Mental Health
- Multiple stakeholders working together for funding to purchase/administer the endorsement
- Innovative promotional strategies have been created to interest infant & family professionals in working towards endorsement
- Multiple Promotional Strategies encourage partnerships between clinicians & policy makers
Affiliates

- MI-AIMH retains ownership of the copyright but permits the use of materials. The licensing process ensures a partnership & encourages collaboration.
- Partner sites - Texas, New Mexico, Arizona, Minnesota, Oklahoma, Kansas
- Also Ireland currently working toward an endorsement process
Rewards

- Recognised field
- Meaningful partnerships
- Cross systems training
- Creating new focus
- Strong working relationship
- across 7 states
A training programme of substance – building capacity in field

-> long-lasting outcome for workforce.
Future Directions
The Societal, Political & Policy Context

Future Directions

Colin Hamlin, Senior Advisor
Ministry Of Health
Colin_Hamlin@moh.govt.nz
Pacifico Yokohama
Societal, political & policy context

- Declining fertility in Western countries
- Countries with fertility rates <1.3 per couple will experience a 50% population decline in 50 years
- Rapid societal change
- The Japanese experience
Societal, political & policy context

Crisis in infant mental health & development (Stern)

Major risks:

- Prenatal exposure to neurotoxins
- Increased abuse & neglect
- Compromised capacity to self-regulate
- Compromised capacity to learn
- Increased conduct disorder
- Serious long-term consequences for individuals, families & society
Societal, political & policy context

• We need a ‘baby friendly’ society
• A place for **wanted** babies in a climate for **wanting babies**
• Need to make the parenting experience conducive to safe development in the context of:
  • Increasing time in education
  • Late parenthood
  • Not wanting to give up professional life
  • Feminist limits to mothering
Societal, political & policy context

• Calls for infant and family friendly policies adopted in Scandinavia:
  • More paid parental leave
  • Flexible employment arrangements (including for fathers)
  • Good universal services for infants & families
  • Reversing climate of tax reduction that prevents public spending on development of such services
Infant rights

Calls for the rights of infants to live in an environment that supports healthy development:

• Evidence available about needs and what works to address needs
• Intervention & treatment is effective
• Pre & post natal depression & anxiety can be effectively treated
• Vulnerable infants have a right to effective help
Research, evidence & implementation

• Stern: implement what we already know works – implement, evaluate, modify, evaluate (active)

• Olds: need RCTs on all aspects of design and implementation first – small scale RCT, large scale RCT, then roll out to scale

• Robust fidelity measures

• Both: must deliver with passion (courage & love)
Inspired but exhausted!